

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | TLC | | 6-5-01 |
| O.I.P.E. CLASSIFIER | | | 10/6/01 |
| FORMALITY REVIEW | TH | 953 | 08-03-01 |
| RESPONSE FORMALITY REVIEW | SG | 1077 | 10/18/01 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|-------|----------|
| Final | Original |
| 1 | ✓ |
| 2 | ✓ |
| 3 | ✓ |
| 4 | ✓ V |
| 5 | ✓ V |
| 6 | 0 0 |
| 7 | 1 1 |
| 8 | 1 1 |
| 9 | 0 0 |
| 10 | ✓ V |
| 11 | ✓ V |
| 12 | ✓ V |
| 13 | 0 0 |
| 14 | 1 1 |
| 15 | 1 1 |
| 16 | 0 0 |
| 17 | ✓ V |
| 18 | ✓ 0 |
| 19 | ✓ V |
| 20 | ✓ V |
| 21 | 0 0 |
| 22 | 0 0 |
| 23 | ✓ = |
| 24 | ✓ = |
| 25 | 1 1 |
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| Claim | Date |
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| Final | Original |
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| Claim | Date |
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| Final | Original |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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8-3-01

852-10-19-01

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